

State Illinois

## PENT POLICY FOR RESERVING BEDS IN INPATIENT FACILITIES

== 12/95 Bed reserve is allowed for all Medicaid group care residents of nursing facilities as follows:

Payment for bed reserve is allowed for hospitalization and home visits. All bed reserve requests must:

- be authorized by a physician (in the case of hospitalization, the physician must anticipate that the hospitalization will not exceed ten days);
- be limited to residents who desire to return to the SAME facility; and
- be limited to facilities that have a 93 percent or higher occupancy level.

Payment for bed reserve is allowed for resident hospitalization not exceeding ten (10) days per hospital stay, only when the physician indicates that it would be traumatic for the resident not to return to the same facility. The day the resident is transferred to the hospital is the first day of the ten day reserve period.

08/93 Payment for bed reserve is allowed for a home visit when a physician indicates the home visit is therapeutically beneficial for the resident. Bed reserve is limited to seven (7) consecutive days in a calendar month or ten (10) nonconsecutive days within a calendar month. Home visits may be extended with the approval of the Department.

Bed reserve days for home visits are computed on a midnight basis. If a resident is in the facility any part of the day, it is not counted as a bed reserve day and the facility will receive the resident's current Medicaid per diem.

Payment for approved bed reserve is a daily rate of 75 percent of a resident's current Medicaid per diem.

In no facility is the number of vacant beds to be less than the number of beds identified for residents allowed bed reserve. The number of vacant beds in the facility must be equal to or greater than the number of residents allowed bed reserve.

== 12/95

TR " 95-12

APPROVAL DATE FEB 21 1997

EFFECTIVE DATE 12-30-95

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## 08/93 PAYMENT POLICY FOR RESERVING BEDS IN INPATIENT FACILITIES

Payment for bed reserve in ICF/DD facilities is allowed for hospitalization and therapeutic visits. All bed reserve requests must:

- be authorized by the interdisciplinary team (IDT); and
- be limited to residents who desire to return to the SAME facility.

Payment for bed reserve is allowed for resident hospitalization not exceeding forty-five consecutive days per hospital stay. The day the resident is transferred to the hospital is the first day of the reserve period. Payment for approved bed reserves during resident hospitalization is a daily rate at:

- 100% of a facility's Medicaid per diem for the first ten days of an admission;
- 75% of a facility's Medicaid per diem for days 11 through 30;
- 50% of a facility's Medicaid per diem for days 31 to 45.

Payment for bed reserve is allowed for a therapeutic visit when the IDT indicates the visit is therapeutically beneficial for the resident. There is no limit on reserve days for such approved visits.

Bed reserve days for therapeutic visits are computed on a midnight basis. If a resident is in the facility any part of the day, it is not counted as a bed reserve day and the facility will receive the resident's current Medicaid per diem.

Payment for approved therapeutic visit bed reserve is a daily rate of:

- 100% of the facility's Medicaid per diem for a period not to exceed 10 days per State fiscal year; and
- 75% of the facility's Medicaid per diem for a period which exceeds 10 days per State fiscal year.

In no facility is the number of vacant beds to be less than the number of beds identified for residents allowed bed reserve. The number of vacant beds in the facility must be equal to or greater than the number of residents allowed bed reserve.

== 12/95 Bed reserves for nursing facilities must have postpayment approval from the Department based on satisfying the above requirements. Postpayment approval is not required for ICF/DD facilities.

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12-30-95

SUCCEEDS

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